

REQUEST FOR PROPOSALS

SUPPLEMENTAL EDUCATIONAL SERVICES PROVIDERS

School Years 2004-2005

Pursuant to the Federal No Child Left Behind Act
Section 1116(e)(1)

Issued by:

**The Rhode Island Department of Education
Office of School Improvement and Support Services**

For more information contact:
Office of School Improvement and Support Services
(401) 222-4600 Ext. 2373
Fax: (401) 222-4979
www.ridoe.net

Proposals due to Rhode Island Department of Education on:
April 8, 2004 by 4:00 p.m.

Rhode Island Department of Education
Office of School Improvement and Support Services
255 Westminster Street
Providence, Rhode Island 02903

RHODE ISLAND BOARD OF REGENTS FOR ELEMENTARY AND SECONDARY EDUCATION

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Rhode Island Department of Education Organizational Commitment

The mission of the Department of Education is to lead and support schools and communities in ensuring that all students achieve at the high levels needed to lead fulfilling and productive lives, to compete in academic and employment settings, and to contribute to society.

To do this we will:

- Advocate for coherent public policy,
- Enhance local capacity to improve teaching and learning,
- Sustain an effective accountability system by building innovative partnerships which create positive change.

The Rhode Island Department of Education does not discriminate on the basis of age, sex, sexual orientation, race, religion, national origin, color or handicap in accordance with applicable laws and regulations.

Background

As part of the federal **No Child Left Behind Act** (NCLB) of 2001, any school that is in its second year of School Improvement or on Corrective Action shall arrange for the provision of supplemental educational services to eligible children in the school from a provider with a demonstrated record of effectiveness or a high probability of success, that is selected by the parents in cooperation with the school district of residence and approved for that purpose by the State educational agency [Section 1116(e)(1)].

Purpose

This Request for Proposals is issued to select the providers of supplemental educational services that will be included on the 2004-2005 Approved Supplemental Educational Services Provider (ASESP) list. This is not a competitive grant in that as many providers can be included in the ASEP list as meet the criteria specified below. Providers must reapply annually. The list will be maintained by the Rhode Island Department of Education and will indicate which of the approved providers offer supplemental educational services in each school district.

The **No Child Left Behind Act** requires that the state promote maximum participation by providers to ensure, to the extent practicable, that parents have as many choices as possible. The state approved list will be updated at least annually. Each year there will be an opportunity for new providers to demonstrate that their organization meets the requirements. Providers of supplemental educational services can also be removed from the list annually subject to the conditions specified below.

It is expected that instruction will be primarily in the areas of reading/English language arts and math in order to help students achieve Rhode Island standards, as demonstrated by improved Rhode Island State Assessment scores. Adequate Yearly Progress (AYP) is calculated for both ELA and math in all public schools participating in the RI State Assessment Program.

Eligibility Requirements

To be included on the approved list of supplemental educational services providers, applicants must meet the following criteria:

- Have a demonstrated record of effectiveness or have a high probability of increasing student academic achievement.
- Provide supplemental educational services that are consistent with Rhode Island Educational Framework/Standards (available on the RIDOE web site: <http://www.ridoe.net>)
- Provide instruction that is of high quality, research-based, and specifically designed to increase academic achievement of eligible children on state assessments and attain proficiency in meeting the RI academic achievement standards. Reading instruction must be scientifically based and proven to be effective and include the National Reading Panel Report criteria (available at <http://www.nifl.gov>)
- Provide letters of reference to parents and schools/districts.
- Be financially sound.
- Provide instruction in addition to what is provided during the school day.
- Provide instruction that is secular, neutral and non ideological.
- Submit evidence of meeting all applicable Federal, State, and local health, safety, and civil rights laws.

Provider Profile:

A provider may be a:

- School entity (public or private)
- Institution of higher education (public or private)
- Nonprofit or for-profit organization
- Faith based organization

Entities eligible to apply to provide supplemental educational services may include, but are not limited to:

- Community agencies
- Charter schools
- Private schools
- Individuals if organized as a non profit or for profit entity
- Child care centers
- Public schools
- Libraries
- Community colleges
- Private companies
- On-line schools
- Family literacy programs/Even Start programs
- Regional Educational Collaboratives
- Faith-based organizations
- After school programs

Responsibilities of the Approved Provider

Entities included on the Approved Supplemental Educational Services Providers list are required to do the following:

- √ Ensure that the instruction provided is aligned with Rhode Island student academic achievement standards and in the case of a student with disabilities, is consistent with the student's individualized education program under section 614(d) of the Individuals with Disabilities Education Act.
- √ Provide parents of children receiving supplemental educational services and the appropriate school with information on the progress of the children in increasing achievement, in a format and, to the extent practicable, in a language that such parents can understand.
- √ Ensure all employees who interact with students will be subject to a criminal records review pursuant to RI general laws (§ 16-2-18.1 Criminal records review (<http://www.rilin.state.ri.us/Statutes/TITLE16/16-2/S00022.HTM>))
- √ Enter into an agreement with the local school district that includes:
 - A statement of specific achievement goals for each student based upon the child's specific educational needs
 - A description of how the student's progress will be measured
 - A timetable for improving achievement, that, in the case of a student with disabilities, is consistent with the student's Individual Education Program
 - The amount of instructional time to be provided
 - The location where services will be provided
 - The means of transporting children to the place of instruction, if the services will be provided in a location other than student's school

- A description of how the student's parents, teacher(s) and school district will be regularly informed of the student's progress
- Provisions for the termination of such agreement
- Provisions with respect to the making of payments to the provider by the school district
- An assurance from the provider that the identity of any student eligible for, or receiving, supplemental educational services will not be disclosed without the written permission of the parents of the student
- A description of the scientifically based program to be utilized with specific references
- The academic and professional qualifications including licensure and/or certification of staff responsible for the delivery of the instructional program
- Provisions for informing school districts and parents of changes in staff or other material changes

Responsibilities of the School District

Qualifying school districts are required to:

- ✓ Identify eligible students
- ✓ Notify parents annually (in an understandable and uniform format, and, to the extent practicable, in a language the parents can understand) of:
 - The availability of supplemental educational services
 - The approved providers whose services are within the school district or whose services are reasonably available in neighboring school districts
 - A brief description of the services, qualifications, and demonstrated effectiveness of each approved provider to assist the parent in selecting a provider
- ✓ Contact providers selected by the parents and enter into a contractual agreement on behalf of the student
- ✓ Monitor the "Responsibilities of the Approved Provider" listed above

Districts are not required to provide transportation to those services offered away from the school area.

Funding

The school district is only required to spend its Title I. Part A per pupil allocation or the actual cost of the supplemental educational services, whichever is less.

Duration and Monitoring

The Rhode Island Department of Education, in cooperation with the applicable school districts, is required to monitor the quality and effectiveness of the services offered by approved providers and to withdraw approval from providers that fail, for two years, to contribute to increasing the academic proficiency of students to whom they provide services or that fail to meet any of the other eligibility requirements or assurances. RIDE monitoring will be conducted through contact with local school districts to ascertain an evaluation and demonstration of the effectiveness of providers. A violation of any of the above referenced Provider responsibilities constitutes grounds for immediate removal from the state approved list.

A district must continue to offer supplemental educational services until the school(s) in question is no longer on school improvement according to requirements of NCLB.

Reporting

No later than 30 days after completion of the contract, the provider is expected to submit to the school a final written report that summarizes the progress of all students provided with supplemental educational services. The school will submit this report to the Rhode Island Department of Education for review. This information will be used to help determine if a provider will remain on the state approved list.

Application process and timeline

Proposals must be received at the Rhode Island Department of Education by April 8, 2004 at 4:00 pm. Address or deliver the application to:

**Rhode Island Department of Education
Office of School Improvement and Support Services
255 Westminster Street
Providence, Rhode Island 02903**

Application approvals will be determined and announced by May 28, 2004. The ASESP list will be available at the RIDE web site. Applicants that do not meet the qualifications will be notified and may reapply annually. Upon request, the reasons for denial will be provided to the applicant.

Required Format

APPLICATIONS NOT ADHERING TO REQUIRED FORMAT WILL NOT BE CONSIDERED.

Please use the application form attached to this RFP. Applications are also available via www.ridoe.net. Please provide the information in the order indicated on the application form and instructions. In addition:

- Use no smaller than 12 pt. Font.
- Double-spaced
- Use a document footer with entity name and page numbers
- Please limit the number of pages in the narrative to 10 pages
- Allowable attachments are limited to letters of reference, printed brochures describing the services provided, and brief documentation of research that provides evidence of effectiveness. Proposal reviewers will not be required to read additional attachments. Attachments such as CDs, videotapes or other multimedia productions cannot be accommodated.
- The Application Format Checklist must be completed, signed, and submitted with your application

A complete application packet includes 1 original and 10 copies:

- ☐ Completed application form with original signatures
- ☐ Program narrative
- ☐ Completed Services Summary Chart
- ☐ Signed assurances form
- ☐ Allowable attachments

“This Application Form was adapted from the SEA ToolKit on Supplemental Educational Services, developed by the Council of Chief State School Officers (CCSSO) and the Education Quality Institute (EQI). The Supplemental Educational Services Rubric was adapted from the Colorado Department of Education Application Form.”

RHODE ISLAND DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

Application for Supplemental Educational Services Providers

INSTRUCTIONS:

Please review and follow all directions carefully when completing this application. Applications that exceed page limits will not be considered. No supplemental material beyond what is specifically requested in the application will be considered.

- The **deadline** for submitting an application is:

April 8, 2004 by 4:00 p.m.

- Applications are also available via www.ridoe.net
- For additional resource information see the NCLB Supplemental Educational Services *Non-Regulatory Guidance* document available at the following:
<http://www.ed.gov/offices/OESE/SASA/suppsvesguid.doc>
- Completed applications should be mailed to:

**Rhode Island Department of Education
Office of School Improvement and Support Services
255 Westminster Street
Providence, RI 02903**

***THE APPLICATION FORMAT CHECKLIST MUST BE COMPLETED AND
SUBMITTED WITH YOUR APPLICATION.***

Application Format Checklist:

- ☐ 12 point font is used
- ☐ Document is doubled-spaced
- ☐ Application contains a document footer with entity name and page numbers
- ☐ Basic Program Information form is completed with original signature
- ☐ Application narrative is limited to 10 pages
- ☐ Services Summary chart is completed
- ☐ Assurances form is signed
- ☐ Specified document(s) are allowable as attachments
- ☐ The scoring rubric has been reviewed
- ☐ The complete application packet includes 1 original and 10 copies

Signature: _____ Date: _____

I. BASIC PROGRAM INFORMATION *(Limit 4 Pages)*

1. Program Name	
2. Federal EIN or Social Security Number	
3. Subject Areas Covered	<i>Please list all major subject areas you address in working with students.</i>
4. Date SSP Formed	<i>Please list the date (month, year) in which you first delivered supplemental educational services to students.</i>
5. Grade Levels Currently Served	<i>Please list the grade levels of your students.</i>
6. Grade Levels Able to Serve in 2004-2005	<i>Please list the grade levels you would be able to serve in the coming academic year.</i>
7. Number of Students Currently Served	<i>Please provide the number of students you currently serve, by grade level.</i>
8. Maximum Number of Students Able to Serve in 2004-2005	<i>Please provide an estimate of the maximum number of students in this state that you will be able to serve next year while maintaining quality service and results.</i>
9. Service Area	<i>Please list the district(s) and school(s) for which you are able to provide services.</i> District (S): School (S):
10. Geographic Setting	<i>Check the setting(s) in which you have provided services to students in the past.</i> <input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Suburban

11. Place of Service	<p><i>Check the location(s) that best describes where you deliver services to students.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> School <input type="checkbox"/> Business <input type="checkbox"/> Place of religious worship (e.g., church, synagogue, mosque, temple) <input type="checkbox"/> Community center <input type="checkbox"/> Your home <input type="checkbox"/> Student's home <input type="checkbox"/> On-line <input type="checkbox"/> Other: _____
12. Specific Student Populations Served	<p><i>If your organization has provided supplemental educational services to any of the following groups, please check the corresponding box. Include required information in the application narrative and program section.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Low-income students <input type="checkbox"/> Minority students <input type="checkbox"/> Migrant students <input type="checkbox"/> Limited English proficient students Indicate particular language(s) with which you have expertise _____ <input type="checkbox"/> Students with disabilities <input type="checkbox"/> Other: (describe) _____ <p><i>Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.</i></p>
13. Type of Organization	<p><i>Check the category that best describes your organization.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit <input type="checkbox"/> School entity <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Other (describe) _____
14. Time of Service	<p><i>Check the time(s) that best describe when you deliver services to students.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Weekends <input type="checkbox"/> Summer <input type="checkbox"/> Other: _____

15. Mode of Instructional Delivery	<i>Please describe the methods in which your program delivers instruction to students (i.e., on-line/web-based, individual tutoring, small group instruction, etc.)</i>
16. Student/Instructor Ratio	<i>List the ratio of instructors to children in your program.</i> _____ <i>Students for every 1 instructor</i>
17. Cost	<i>Provide a per pupil cost, per hour cost, per unit of service, and (please describe the length of a typical unit of service, i.e., one hour, one month, one semester, one year, etc.) OR provide a <u>specific</u> description of your pricing structure.</i>
18. Duration of Services	<i>How often are services provided?</i> # _____ hours and # _____ days per week # _____ hours and # _____ days per month # _____ hours and # _____ days per summer session
19. Transportation	<i>Provide information about accessibility to public transportation from your site.</i>
20. Provider Contact Information	<i>Contact Person Name:</i> <i>Street Address:</i> <i>City:</i> _____ <i>State:</i> _____ <i>Zip:</i> _____ <i>Phone:</i> () <i>FAX:</i> () <i>Email:</i> <i>Web site:</i> <i>Hours of operation:</i>

21. Program Description	<p><i>Provide a brief (3 sentences maximum) description of your program's offerings that parents could use in their initial search for providers.</i></p> <p><i>Please also indicate which keywords best match your program's offerings:</i></p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Individual tutoring </div> <div style="width: 50%;"> <input type="checkbox"/> Small group interaction </div> <div style="width: 50%;"> <input type="checkbox"/> Reading <input type="checkbox"/> Math </div> <div style="width: 50%;"> <input type="checkbox"/> Behavior/Discipline </div> <div style="width: 50%;"> <input type="checkbox"/> Motivation </div> <div style="width: 50%;"> <input type="checkbox"/> English language acquisition </div> </div> <p>You may suggest additional keywords that might be included in a searchable database of providers:</p> <hr/> <hr/>
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(Name)

(Date)

(Print Name)

II. APPLICATION NARRATIVE *(Please address the following criteria in a narrative of no more than 10 pages)*

Program: (2-3 pages)

- ❑ Please describe the program that will be offered. Be sure to include the following information: Approach or model of instruction, description of program content, strategies to work with school personnel, location of service delivery, length of each tutoring session (i.e., everyday, biweekly, summer), grade levels served, special groups served, if applicable, and discuss the transportation arrangements, if applicable.
- ❑ Indicate how the content is aligned with RIDE framework/standards.

Staff: (1 page)

- ❑ Indicate who will be teaching in the program, their academic and professional qualifications including licensure and/or certifications.
- ❑ Describe existing plan for professional development and ongoing support for staff.

Scientifically Based Research and Program Effectiveness: (2-3 pages)

- ❑ Describe the scientifically based research that demonstrates that this is an effective method to increase student achievement.
- ❑ Provide evidence of the program's effectiveness that fall into ***at least 2*** of the categories below. If available, include data that supports student academic progress.
 - 1) Provide evidence that your program has a positive impact on student achievement for low-income, underachieving students on a state, district and/or another independent, valid and reliable performance test.
 - 2) Provide evidence that your program has a positive impact on student performance using a measure that is not national or statewide (i.e. provider developed test) OR using school grades, homework completion, or school/teacher administered subject area test.
 - 3) Provide letters reference/support from previous clients (families, schools, districts, students, teachers, etc.) offering testimonial information on the positive impact of your program. Provide contact information, start and end dates of service provided, and school and school district name for each reference. (Submit a minimum of 5 letters and a maximum of 10).
 - 4) Demonstrates additional evidence of improved outcomes, such as student attendance, retention/promotion rates, graduation rates, family/parent satisfaction, and/or student discipline.

Evaluation /Monitoring: (2 pages)

- ❑ Describe how the program will be monitored for effectiveness.
- ❑ Delineate how the progress of students receiving supplemental educational services will be measured and which assessments will be used.
- ❑ Describe how the school and parents will be notified of the student's progress (in their native language, if necessary).

Financial and Organizational Capacity: (limit 1 page)

- ❑ Describe and submit evidence demonstrating that your organization is financially sound (may include a description of how you currently receive funds, audited financial statements, credit ratings, proof of liability insurance, or organizational budgets).
- ❑ Submit copies of business license or formal documentation of legal status with respect to conducting business in the state.
- ❑ Indicate the service fee structure for providing supplemental educational services.

Service Summary

(Please limit responses to one word or short phrases. This information will be used in the compilation of a statewide master chart for parents and local school districts.)

Name	
City & County	
Proposed location of service delivery	
If service delivery is not at the student's school, is transportation provided, and if yes, is there a separate fee? (Note: Districts are not required to provide or pay for transportation.)	
Service period start & end date for 2004-05	
Type of certification of instructors	
Individual or small group (maximum # in small group)	
Length of each tutoring session	
Number of sessions per week	
Cost per session	
Grade levels served	
Tutoring available in Reading and/or Math	
Title of tutoring curriculum utilized	
Describe scientifically based evidence of effectiveness	
Specifics of reporting to parents & school (format, frequency, method of communication)	
Description of services available to diverse populations (i.e., children with disabilities, specific languages)	
Other information:	

Assurances and Signature Form

In submitting this application to be included in the Rhode Island Department of Education Approved Supplemental Educational Services Provider List, I certify that:

1. The service provider meets all applicable federal, state, and local education, health, safety, and civil right laws.
2. Provider conducts criminal background checks on all staff providing program services and copies of background checks are forwarded to the LEA.
3. All instruction and content are secular, neutral, and non-ideological.
4. All services will be provided on a nondiscriminatory basis.
5. The service provider will not disclose to the public the identity of any student eligible for or receiving supplemental educational services without the written permission of the parent.
6. The service provider is financially stable and will be able to complete services to the student and the school.
7. The service provider will not apply additional admission criteria to eligible students.
8. Providers will collaborate with the school to provide appropriate services for the student.
9. Providers will provide an instructional program that is supplemental to the regular school program.
10. Providers agree to provide academic achievement progress reports to parents and students' LEA.
11. Providers will make every effort to involve parents/guardians in developing the needs assessment for the student, developing a plan of services and exchanging information on the progress of the student.
12. Providers have liability insurance. List company name and policy number or attach a copy of the policy cover page. _____
14. Provider agrees to abide by the conditions of the contract with the LEA including the fee that will be in compliance with Section 1116 (e) (6) (A) (B) NCLB.

Signature

Date

Title

Supplemental Educational Services Rubric

OVERALL SCORING: _____ / 82

Proposal # _____ Reviewer: _____ _____
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Part II: Application Narrative

Element I.	Program	10 points
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- Clearly describes the program that will be offered. Be sure to include the following specifics:
 - Location of service delivery
 - Approach or model of instruction
 - Description of program content
 - Strategies to work with school personnel
 - Length of each tutoring session (i.e., everyday, biweekly, summer)
 - Grade levels served
 - Special groups served, if applicable
 - Discuss the transportation arrangements, if applicable
 - Scope and duration of program services

- Clearly indicates how the content of the program will be aligned with state academic standards.

Level I 0-1 points	Level II 2-5 points	Level III 6-10 points
<input type="checkbox"/> Fails to provide an adequate description of the program. <input type="checkbox"/> Fails to demonstrate how the provider's services are consistent with state academic standards.	<input type="checkbox"/> Addresses some of the areas listed above in the program description. <input type="checkbox"/> Includes some information regarding the alignment of the supplemental educational services offered and state academic standards.	<input type="checkbox"/> Details clearly the instructional program offered by the provider. Addresses each of the areas listed above. <input type="checkbox"/> Includes strong evidence that the program offered is consistent with state academic standards.
Total points for element ____/10		

Comments:

Element II.**Staff****7 points**

- Clearly indicates who will be teaching in the program, their qualifications including licensure and/or certification and the ongoing support that they will receive.

Level I 0-1 points	Level II 2-4 points	Level III 5-7 points
<input type="checkbox"/> Does not address the qualifications of teachers or the ongoing support that will be given.	<input type="checkbox"/> Provides some description of the qualifications of teachers and the ongoing support that will be given.	<input type="checkbox"/> Staff identified and fully qualified. <input type="checkbox"/> Comprehensive plan in place for professional development and technical assistance.
Total points for element ____/7		

Comments:

Element III. Scientifically Based Research**10 points**

- Clearly describes the scientifically based research that demonstrates that this is an effective method to increase student achievement.

Level I 0-1 points	Level II 2-5 points	Level III 6-10 points
<input type="checkbox"/> Fails to discuss the scientifically based research that supports the effectiveness of the program.	<input type="checkbox"/> Shows some evidence of the scientifically based research that supports the effectiveness of the program.	<input type="checkbox"/> Cites scientifically based research fully supports that this method is effective.
Total points for element ____/10		

Comments:

Element IV.**Program Effectiveness****40 points**

- Provides evidence of the program's effectiveness. Includes available data that supports student academic progress.

EVIDENCE OF EFFECTIVENESS	Level I 0-1 points	Level II 2-5 points	Level III 6-10 points
	LIMITED or NO evidence	MODERATE evidence	STRONG evidence
Demonstrates positive impact on student achievement for low-income, underachieving students on a state, district and/or another independent, valid and reliable performance test			
Demonstrates positive impact on student performance using a measure that is not national or statewide (i.e. provider developed test) <u>OR</u> using school grades, homework completion, or school/teacher administered subject area test.			
Submits strong referrals: letters from previous clients (families, schools, districts, students, teachers, etc.) offering testimonial information on the positive impact of the program (min. 5 letters, max. 10)			
Demonstrates additional evidence of improved outcomes, such as student attendance, retention/promotion rates, graduation rates, family/parent satisfaction, and/or student discipline.			
Total points for element ____/40			

Comments:

Element V. Evaluation/Monitoring**10 points**

- Clearly describes how the program will be monitored for effectiveness.
- Delineates how the progress of students receiving supplemental educational services will be measured and which assessments will be used.
- Clearly describes how the school and parents will be notified of the student's progress (in their native language, if necessary).

Level I 0-2 points	Level II 3-6 points	Level III 7-10 points
<input type="checkbox"/> Fails to discuss how the program will be evaluated.	<input type="checkbox"/> Provides some description of how the program will be evaluated.	<input type="checkbox"/> Clearly explains how the program will be consistently monitored for effectiveness.
<input type="checkbox"/> Does not address monitoring progress of each student receiving tutorial assistance.	<input type="checkbox"/> Shows limited method for monitoring progress of each student receiving tutorial assistance.	<input type="checkbox"/> Details how student progress will be monitored through assessments.
<input type="checkbox"/> Does not adequately explain how parents and schools will be informed of a student's progress.	<input type="checkbox"/> Provides some explanation as to how parents and schools will be informed of a student's progress.	<input type="checkbox"/> Describes plan to thoroughly inform parents and schools of the student's progress.
Total points for element ____/10		

Comments:

Element VI. Financial and Organizational Capacity**5 points**

- Clearly indicates the fee structure for providing supplemental educational services.
- Provides clear evidence that the organization is financially sound.

Level I 0-1 points	Level II 2-3 points	Level III 4-5 points
<input type="checkbox"/> The explanation of pricing fails to give the reader an understanding of the cost of services.	<input type="checkbox"/> The explanation of pricing provides some understanding of the cost of services.	<input type="checkbox"/> The explanation of pricing clearly explains the cost for services.
<input type="checkbox"/> Provides no documentation.	<input type="checkbox"/> Provides some documentation.	<input type="checkbox"/> Provides appropriate documentation.
Total points for element ____/5		

Comments:
